

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006729

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

KANSAS CITY

Length of stay in lb

35 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

V A HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

c. CITY
OR
TOWN

KANSAS CITY

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

3728 PENNSYLVANIA AVE.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

BENNIE

Middle

JOHN

Last

STRICKLAND

4. DATE
OF
DEATH

Month

February

Day

8

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-21-10

9. AGE (last birthday)

51

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. MAJOR OCCUPATION (Give kind of work done
during most of working life, even if retired)

Interior Decorator

10b. KIND OF BUSINESS OR INDUSTRY

FOR SELF

11. BIRTHPLACE (City and state or country)

Carterville, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Claude Strickland

13b. MOTHER'S MAIDEN NAME

Cora Moore

14. NAME OF HUSBAND OR WIFE

Frances Strickland

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WWII

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

VA Hospital Official Records, K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic failure

DUE TO (b)

Portal Cirrhosis

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Attended the deceased from February 3, 1962 to February 8, 1962

Death occurred at 1:50

A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

T. J. FRITZLEN, M.D.

T. J. Fritzlen M.D.

22b. ADDRESS

VA Hospital, Kansas City, Mo.

22c. DATE SIGNED

2-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

FEB. 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

MEMORIAL PARK CEMETERY KANSAS CITY

23d. LOCATION (City, town, or county)

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

D. W. NEWCOMER'S SONS KANSAS CITY, MO.

25. DATE RECD. BY LOCAL REG.

2-9-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carol G. L. Parnace

Licensed Embalmer No. 3035

P. O. Address Elm. Garden

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.